

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518172 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		↓	↓	↓	
TOTAL DEP.	3	←	←	←		
TOTAL CLAIMS	8	████████	████████	████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████████	████████	████████		